Natural Gas Well Completion Two Day Notification E-mail to: <u>DEPOilandGasSector@wv.gov</u> New Source Performance Standards for Crude Oil and Natural Gas Production, Transmission and Distribution "NSPS 0000"

## **SECTION I: GENERAL INFORMATION**

Triad Hunter, LLC		N/A			
Owner or Operator Name		Division (	of Air Quality ID Number (If Available)		
27724 State Route 7					
Street Address					
Marietta	Ohio		45750		
City	State	Z	ZIP Code		
Jeff Brammer	jbrammer@triadhunter.c	om	740-374-2940		
Facility bocal Contact Name	E-Mail		Telephone Number		
_ M Seaming	/.	1/14/	/12		
Signature	/	Ďate ′			
SECTION II: SOURCE DESCRIPTION					
1. Please check the proposed well flowback compliance option:					
Route flowback gas to a completion combustion device Reinject into the well or another well  Other			Use on-site as a fuel source;   Route flowback gas to a salable gas beline		
2. Please complete the table below for each affected source per §60.5365.					

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits)	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-95-02033	Anne Spencer Unit 1112	39.50136, -80.90700	November 19, 2012	12-7-2012
47-95-02034	Anne Spencer Unit 1113	39.50136, -80.90704	November 19, 2012	12-7-2012
47-95-02035	Anne Spencer 1114	39.50135, -80.90710	November 19, 2012	12-7-2012

[Add rows to the table for additional wells, as necessary]